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				September	19, 2007	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	WEY DOCKET NO.	CONFIRMATION NO.
10/037,276	12/31/2001		Rosald L. Edens	09/19/2007	NGU%EXE 00000109 1	11087568240037276
TITLE OF INVENTION: I ;	ABIAL PAD		·	01 FC:1501 02 FC:1504 03 FC:8001	1400.00 DA 300.00 DA 3.00 DA	
tt. APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATIL DUE
nonprovisional	NO.	\$1400	\$300	\$0	\$1700	10/15/2007
EXAMINER ARTUNIT			CLASS-SUBCLASS			
KIDWELL, MICHELE M 3761			604-385170	•		
Change of corresponden CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" index PTO/SB/47; Rev 03-02 Number is required.	dence address (or Change 122) attached. ation (or "Fee Address" In or more recent) attached.	of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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. Kimberly-Cl	ark Worldwide,	Inc.	401 N. Lake	St., Neenah, W	I 54956	
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Authorized Signature	Delastini C.	Puglin	Onice.	Date 9/19/07	,	
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